

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 EXECUTIVE CENTER DRIVE

POST OFFICE DRAWER 11649

COLUMBIA, SOUTH CAROLINA 29211

Office # (803) 896-5191 - Fax # (803-896-5129)

1746006  
**RECEIVED**

JUN 23 2005

**ORS**  
**T,T,W,W,W**CLASS C-TAXI 2005-193-T DATE Dec 22, 2001**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

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JUN 24 2005

Greenville Transportation, LLC d/b/a A CARPSO-SC  
DOCKETING DEPT.

2. (a) Street Address of Applicant 1150 Pendleton St

Greenville SC 29601

(b) Mailing address, if different from street address \_\_\_\_\_

(c) Telephone Number 864 220 3481

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Steve Burdsal 34 Fenwick Ln Greenville SC 29617David Kelman 115 Beckworth Dr Taylors SC 29687

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

<b>PRODUCER (884)809-5285</b> The Morgano Agency, Inc. House Account PO Box 4174 Greenville, SC 29608	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>												
<b>INSURED</b> Greenville Transportation, LLC dba ACAB 1160 Pendleton Street Greenville, SC 29601 (884)220-3481 Ext.	<table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Gateway Insurance</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Gateway Insurance		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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INSURER C:													
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INSURER E:													

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURED	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea accident) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CAP6168290501	06/15/2005	06/15/2006	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 25,000 BODILY INJURY (Per accident) \$ 50,000 PROPERTY DAMAGE (Per accident) \$ 15,000
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ WC STATUTORY LIMITS \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				PD Deductible 500 UM 15/30/10

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Vin#s 1995 Ford 2FALP71EXSX146596; 1992 Ford 2FALP72W2NXC12531; 1994 Ford 2FALP71EXRX183478; 1995 Ford 1FALP71W4RX150704; 1995 Ford 2FALP71WORX161411; 1995 Ford 2FALP71W9SX201913; 1995 Ford 2FALP71W8SX146600; 1995 Ford 2FALP71W8SX180407; 1995 Ford 2FALP71WOFX181695; 1994 Ford 2FALP71W5RX134186

## CERTIFICATE HOLDER

ORIGINAL

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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EXHIBIT C

CLASS C

TAXI ☒

CHARTER ☐

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

Columbia, South Carolina

Applicant Greenville Transportation LLC dba A Cab

For the transportation of passengers as follows:

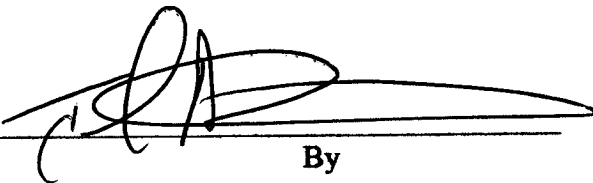
Area to be served: Greenville - Spartanburg - Pickens Counties

Number of passengers: 5

Fares: Est. by City of Greenville, SC

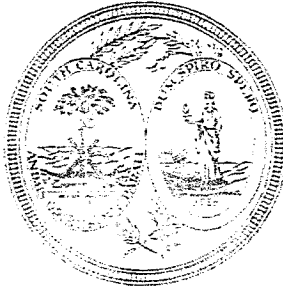
\$1.50 pickup \$1.50 mile

Date 12-22-04

  
By

~~President~~ Co-owner (mgr.)  
Title

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

GREENVILLE TRANSPORTATION, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on December 6th, 2004, with a duration that is until January 1st, 2080, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
6th day of December, 2004.

*Mark Hammond*

Mark Hammond, Secretary of State



## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

## DESCRIPTION OF EQUIPMENT

YEAR	MODEL & MAKE	VIN #	WEIGHT EMPTY	CARRYING CAPACITY *
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See Atch

\* Seats if passenger carrier.

Date: 6-20-05

Greenville Transportation LLC d/b/a  
(Applicant) A Cab

  
(Applicant's Representative)

Co-owner - mgr  
(Title)

**Vehicle list: Greenville Transportation, LLC d/b/a A Cab.  
Ford Crown Victorias**

<b>Year</b>	<b>VIN</b>	<b>Car No.</b>	<b>Mileage</b>	<b>Weight</b>	<b>Capacity</b>
1995	2FALP71WXSX146596	26		3800	4
1992	2FALP72W2NX212531	10	143906	3800	4
1994	2FALP71WXRX183478	14	136397	3800	4
1995	2FALP71W4RX150704	9	142018	3800	4
1994	2FALP71W0RX161411	21		3800	4
1995	2FALP71W9SX201913	24	91124	3800	4
1995	2FALP71W8SX146600	8	187373	3800	4
1995	2FALP71W8SX180407	2	249386	3800	4
1995	2FALP71W0FX181695	18	126200	3800	4
1994	2FALP71W5RX134186	19	109658	3800	4